

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAID PURCHASING ADMINISTRATION
Olympia, Washington**

To: Pharmacists
Managed Care Organizations

Memo # No: 10-54
Issued: June 30, 2010

From: Douglas Porter, Assistant Secretary
Medicaid Purchasing
Administration (MPA)

For further information, go to:
<http://hrsa.dshs.wa.gov/pharmacy>

Subject: Prescription Drug Program: Maximum Allowable Cost Update

Effective for dates of service on and after August 1, 2010, (unless otherwise noted) the Medicaid Purchasing Administration (MPA) will implement the following changes to the Prescription Drug Program:

1. New additions to the Maximum Allowable Cost (MAC) list;
2. Adjustments to existing MACs; and
3. MAC deletions.

1. MAC Additions:

Generic Name	Strength	Form	MAC Effective 08/01/10
DROSPIRENONE-ETHINYL ESTRADIOL	3-0.02MG	TABLET	\$2.01970
IMIQUIMOD	5%	CREAM	\$25.75360
TACROLIMUS	0.5MG	CAPSULE	\$1.79220
TACROLIMUS	1MG	CAPSULE	\$3.26580
TACROLIMUS	5MG	CAPSULE	\$17.92530
VALACYCLOVIR HCL	500MG	TABLET	\$2.85880
VALACYCLOVIR HCL	1GM	TABLET	\$5.04420

2. MAC Adjustments:

Generic Name	Strength	Form	MAC Effective 06/01/10
FLUTICASONE PROPIONATE	50MCG/ 16GM	NASAL SUSP	\$1.79140

2. MAC Adjustments (cont):

Generic Name	Strength	Form	MAC Effective 08/01/10
CYCLOBENZAPRINE HCL	5MG	TABLET	\$0.06130
DIVALPROEX SODIUM	250MG	TAB SR 24HR	\$0.35230
DIVALPROEX SODIUM	500MG	TAB SR 24HR	\$0.43200
FEXOFENADINE HCL	60MG	TABLET	\$0.51760
FEXOFENADINE HCL	180MG	TABLET	\$0.85530
GLIPIZIDE	2.5MG	TAB SR 24HR	\$0.19666
GLIPIZIDE	5MG	TAB SR 24HR	\$0.14020
GLIPIZIDE	10MG	TAB SR 24HR	\$0.23180
GRANISETRON HCL	1MG	TABLET	\$11.69180
MEDROXYPROGESTERONE ACETATE	150MG/ML	VIAL	\$27.70840
MEDROXYPROGESTERONE ACETATE	2.5MG	TABLET	\$0.07470
MEDROXYPROGESTERONE ACETATE	5MG	TABLET	\$0.08430
MEDROXYPROGESTERONE ACETATE	10MG	TABLET	\$0.07460
OMEPRAZOLE	40MG	CAPSULE DR	\$0.35050
RISPERIDONE ODT	2MG	TAB DISP	\$2.68820
ROPINIROLE HCL	0.25MG	TABLET	\$0.36020
ROPINIROLE HCL	0.5MG	TABLET	\$0.36020
ROPINIROLE HCL	1MG	TABLET	\$0.36020
ROPINIROLE HCL	2MG	TABLET	\$0.36020
SUMATRIPTAN SUCCINATE	25MG	TABLET	\$1.51050
SUMATRIPTAN SUCCINATE	50MG	TABLET	\$1.56170
SUMATRIPTAN SUCCINATE	100MG	TABLET	\$1.56170

3. MAC Deletions:

Generic Name	Strength	Form	MAC Effective 08/01/10
PIROXICAM	10MG	CAPSULE	\$0.00000
PIROXICAM	20MG	CAPSULE	\$0.00000
TRIAMTERENE/HCTZ	50-25MG	CAPSULE	\$0.00000

How Can I Get the Department/MPA Provider Documents?

To download and print the Department/MPA provider numbered memos and billing instructions, go to the Department/MPA website at <http://hrsa.dshs.wa.gov> (click the ***Billing Instructions and Numbered Memorandum*** link).